2002-2003 REQUEST FOR EXTENDED PORTFOLIO COMPLETION DATE

District Name:	_ District Number:
School Name:	_ School Number:
We request an extended completion date for the 20 alternate) because our building does not operate understand that the due date with approved extraccountability date (first day of the district assistance)	te on a traditional schedule. We tension will be four days after our
Superintendent's signature:	Date:
DAC's signature:	Date:
Principal's signature:	Date:
The postmark/facsimile transmission deadline for the form to:	this form is December 13, 2002. Send

Division of Assessment Implementation ATTENTION: Rhonda Sims Kentucky Department of Education 1815 Capital Plaza Tower 500 Mero Street Frankfort, Kentucky 40601

FAX: 502-564-3249